2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000001656

1. Entity Name

CANAC KITCHENS U.S. LIMITED, INC.



Principal Place of Business

C/O KOHLER CO. 444 HIGHLAND DRIVE MS 211 KOHLER, WI 53044 Mailing Address

C/O KOHLER CO. 444 HIGHLAND DRIVE MS 211 KOHLER, WI 53044

FILED Jan 18, 2005 8:00 am Secretary of State

01-18-2005 90060 029 ***150.00

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4. FEI Number 39-1842026

No Chg-P

Applied For Not Applicable

5. Certificate of Status Desired

01072005

\$8.75 Additional Fee Required

CR2E034 (10/03)

6.	Name and	Address of	Current	Registered	Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

		1	IN THIS STACE		
	named entity submits this statement for the paions of registered agent.	urpose of changing its registered	office or re	egistered agent, or both, in the	e State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. {NOTE: Registered Ac	gent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Financir Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB KOHLER, K. DAVID 1112 W. RIVERSIDE DRIVE KOHLER, WI 53044				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BLACK, NATALIE A 9934 WEEKS LANE OOSTBURG, WI 53070				
NAME STREET ADDRESS CITY-ST-ZIP	SVPT CHENEY, JEFFREY P 4010 N 50TH STREET SHEBOYGAN, WI 53083		سپ ې تورن <u>و</u>	DO NO	OT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:		IN TH	S SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby o	certify that the information supplied with this fill on this report of supplemental report is true a	ing does not qualify for the exemp	otion state	d in Section 119.07(3)(i), Flori te the same legal effect as if r	da Statutes. I further certify that the information nade under oath; that I am an officer or director

indicated on this report on supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Jeffrey P. Cheney

1/12/05

920-457-4441

Daytime Phone #

ATTACHMENT 40002957 # F34000001656

CANAC KITCHENS U.S. LTD. C/O KOHLER CO. TAX DEPARTMENT KOHLER, WI 53044 (920) 457-4441

Jan. 12, 2005

Dear Sir or Madam:

F.E.I.N. NO. 39-1842026

Enclosed is a copy of Report UBR"2005 Uniform Business Report" along with our check for \$150.00 in payment of fees due.

If you have any questions, please contact the Kohler Co., Tax Department.

Sincerely,

M. Peters

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

MP/tvs

Enclosures WB 000633821